

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-013

2. STATE:

OHIO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07/01/2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Introduction to the Ohio
Medicaid State Plan
4 preprint pages

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Introduction to the Ohio
Medicaid State Plan
4 preprint pages

10. SUBJECT OF AMENDMENT:

Single State Agency
Effective 7/1/2000 the Ohio Department of Human Services (ODHS)
became the Ohio Department of Job and Family Services (ODJFS)

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Governor has delegated review
to ODJFS Director.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Jacqueline Romer-Sensky

13. TYPED NAME:

Jacqueline Romer-Sensky

14. TITLE:

Director

15. DATE SUBMITTED:

09/28/00

16. RETURN TO:

Becky Jackson
ODJFS
30 E. Broad St 27th floor
Columbus, OH 43260-0423

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/28/00

18. DATE APPROVED:

11/1/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Insurance Oversight

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No. 0938-

*Revision: July 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: OHIO

Citation
42 CFR
430.10

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the
*OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
(Single State Agency)

Submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of title XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN No.: 00-013

Approval Date: _____

Supersedes TN No.: 91-19

Effective Date: 07/01/00

SEP 01 2000

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

*Revision: July 2000

State: OHIO

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation 1.1 Designation and Authority

42 CFR 431.10

AT-79-29 (a) The *OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is the certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

TN No.: 00-013

Approval Date: NOV 01 2000

Supersedes TN No.: N/A

Effective Date: 07/01/00

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

*Revision: July 2000

State: OHIO

Citation

Sec. 1902 (a)
of the Act

1.1 (b) The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been of the Act separately designated to administer or supervise the administration of that part of this plan which related to blind individuals.

☐ Yes. The State agency so designated is _____.
This agency has a separate plan covering that portion of the State plan under title XIX for which it is responsible.

☒ Not applicable. The entire plan under title XI is administered or supervised by the State agency named in paragraph 1.1 (a).

TN No.: 00-013

Approval Date: NOV 01 2006

Supersedes TN No.: 76-54

Effective Date: 07/01/00

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

*Revision: July 2000

State: OHIO

Citation
Intergovernmental
Cooperation Act of 1968

1.1 (c) Waivers of the single State agency requirement which are currently operative have been granted under authority of the Intergovernmental Cooperation Act of 1968.

☐ Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangement.

☐ Not applicable. Waivers are no longer in effect.

☒ Not applicable. No waivers have ever been granted.

TN No.: 00-013

Approval Date: NOV 01 2000

Supersedes TN No.: N/A

Effective Date: 07/01/00